

Case Number:	CM14-0131871		
Date Assigned:	08/20/2014	Date of Injury:	03/06/2010
Decision Date:	10/01/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39-year-old female who reported an injury on 03/06/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 07/08/2014 indicated diagnoses of mood disorder due to orthopedic condition and pain disorder with both psychological factors and industrial orthopedic condition that was chronic. The injured worker reported knee and back pain and depression. The provider reported the injured worker's mood was less dysphoric, and affect was less agitated, and that the injured worker had been relying on exercise for pain management and mood modulation. The injured worker's prior treatments included medication management. The injured worker's medication regimen was not provided within the documentation. The provider submitted a request for aqua physical therapy 2 times a week for 3 weeks. The rationale for the request was not provided. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Aqua Physical Therapy two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy (including swimming) Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request for Aqua Physical Therapy two times a week for three weeks is not medically necessary. The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. There is a lack of documentation regarding the injured worker's inability to participate in land based exercise, such as the need for decreased weight bearing or obesity. In addition, there is a lack of objective clinical findings of orthopedic or neurological deficiencies to support aquatic therapy. Moreover, the provider did not indicate a rationale for the request. In addition, it was not indicated if the injured worker had undergone prior physical therapy or the number of sessions and efficacy of the prior therapy to support aquatic therapy. Lastly, the request does not specify the site of treatment. Therefore, the request for Aqua Physical Therapy two times a week for three weeks is not medically necessary.